

Development Services

"To assist development and improve the quality of life for the citizens of Bryan."



Type of Submittal

___ Change of Use ___ Change of Ownership ___ Change of Tenant

Minimum Submittal Requirements

☐ Completed and signed application form

*** Upon review by the Site Development Review Committee Chairman, this application may be forwarded to the SDRC for a limited or full review. The type of review will determine the number of site plans to submit.**

For Office Use Only

Inspection # _____

Property Owner Information

Name _____
Mailing Address _____
City _____ State _____ Zip Code _____
Phone Number _____ Fax Number _____
E-mail Address _____

Applicant Information

Name _____
Mailing Address _____
City _____ State _____ Zip Code _____
Phone Number _____ Fax Number _____
E-mail Address _____

Agent or Engineer Information

Name _____
Mailing Address _____
City _____ State _____ Zip Code _____
Phone Number _____ Fax Number _____
E-mail Address _____

Site Information

Address _____

R Number _____

Legal Description _____

Total Acreage _____

Current Use _____

Proposed Use _____

Current Zoning _____

Is this property under a conditional use permit? _____ Yes _____ No

Certification

I hereby certify that I am the owner of the above described property for the purposes of this application. I am respectfully requesting processing and approval of the above referenced request. I agree to comply with the requirements in all applicable codes. I agree to provide all necessary information concerning this submittal. I understand that this submittal may be forwarded to the Site Development Review Committee. I certify that I have been informed and understand the regulations regarding this process as specified by City Ordinance.

Owner's Signature_____
Owner's Printed Name

I also hereby authorize the Applicant, Agent, and/or Engineer listed on this application to act on my behalf during the processing and presentation of this request. They shall be the principal contacts with the City in processing this application.

Owner's Signature_____
Owner's Printed Name_____
Applicant's Signature_____
Applicant's Printed Name_____
Agent/Engineer's Signature_____
Agent/Engineer's Printed Name



COMMERCIAL ACCOUNT INFORMATION

Date: _____

Account Name: _____

Contact Official: _____

Physical Address: _____

Mailing Address: _____

Telephone Number(s): _____

No. of Work Days/Week: _____

No. of Employees: _____

Nature of Business:

Is there onsite storage of hazardous or toxic materials? _____ YES _____ NO

If yes, please list types and quantities. If more space is required, please attach additional pages.
